Signature of Authorized Certifying Official

NSN 7540-01-218-4387

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From: 224 4038 Page: 2/2 Date: 11/28/2006 7:54:41 AM **224-4038**

		FINANCIAL STATUS	REPORT	MON 58 5000			
		(Short Form) (Follow instructions on th		HON 58 COOL S			
		Federal Grant or Other Identifying		To the state of th	OMB Approval	Page	of
 Federal Agency and Organi to Which Report is Submitte 	izational Elemem ed	By Federal Agency		COMM.	No.	1	1
Denali Commission 0143-DC-2004-12					0348-0038		pagos
3. Recipient Organization (Na	me and complete address, inc	uding ZIP code)					
City of Seward PO Box 167 Sew	vard, AK 99664-0167	_			<u> </u>		<u> </u>
4. Employer Identification Nur	mber	5. Recipient Account Number or Identifying Number		6. Final Report	, ,		ccrual
92-6	00086			Yes No	Cash		caruəi
8. Funding/Grant Period (see instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year) To: (Month		Ta: (Month, D	ath, Day, Year)	
Augus	it 1, 2004	December 31, 2006	July 1, 2006		Sept 30, 2006		
10. Transactions:			l Previously Reported	11 This Period	III Cumulative		
a. Total Outlays			629,769.89	412,332.75	1,042,102.64		
b. Recipient share of outlays			65,000.00	0.00	65,000.00		
c. Federal share of outlays			564,769.89	412,332.75	977,102.64		
Total unliquidated	i obligations						
e. Recipient share of	funliquidated obligations						
f. Federal share of unliquidated obligations							
g. Total Federal share (Sum of lines c and f)				977,102.6			
h. Total Federal funds autorized for this funding periond			_				
i. Unobligated balance of Federal funds (Line h minus line g)						622,8	8 97.36
ą. Ty	pe of Rate (Place "X" in appropriate provisional	propriate box)	Predetermined	Final		ixed	
Expense	ate	c. Base	d. Total Amount		e. Federal Share		
Correction to Transaction		ecessary or information required by ,332.75; was \$407,274.92 different totals; \$5,057.83 is the total at 12 t		Time reguest for fund y	NRS 101 34U/ J	C	۲, ۱۱۱۵
Least	if at the best of my know	dedge and belief that this report	is correct and complete ward documents.	e and that all outlays	and		
13. Certification uniquidated obligations are for teh purposes set forth in the award documents. Typod or Printed Name and Title				Telephone (Area code, number and extension)			
Kristin Erchinger, Finance Director				(907)224-4064			
A Made of Coultine Official				Date Report Submitted			

269-202

Standard Form 269A (Rev.7-97) Prescribed by OMB Circulars A-102 and A-110

November 27, 2006

